# Nucleotides as anti-HBV agents

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## Challenges in Antiviral Drug Discovery

Viruses cause life-threatening illnesses worldwide

#### Discovery Issues

Lack of druggable targets

# Emergence of resistant mutants

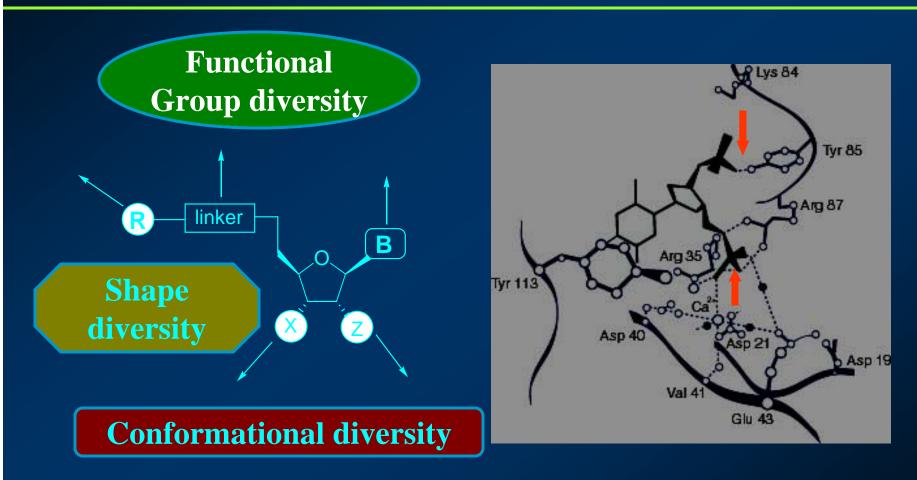
#### Therapeutic Issues

Rapid emergence of antiviral resistance

Dose-limiting toxicity

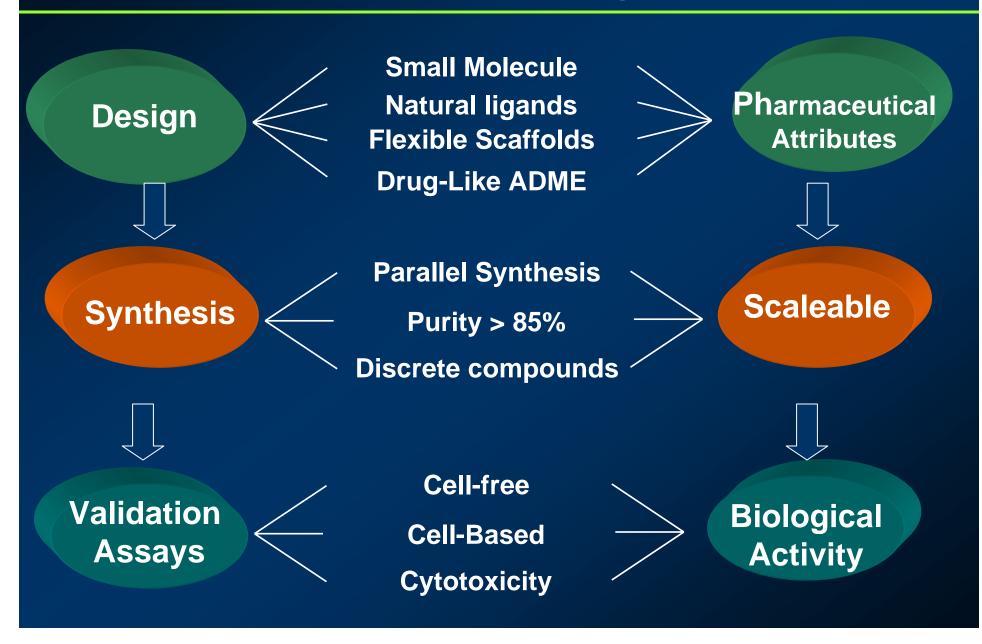


# Combinatorial library based upon nucleotide scaffold as a strategy for drug discovery



Phosphate groups is key binding element in nucleotide – staphylococal nuclease interactions

## Nucleotide library in drug discovery





## Validation of nucleotide library approach Discovery of anti-HBV agents

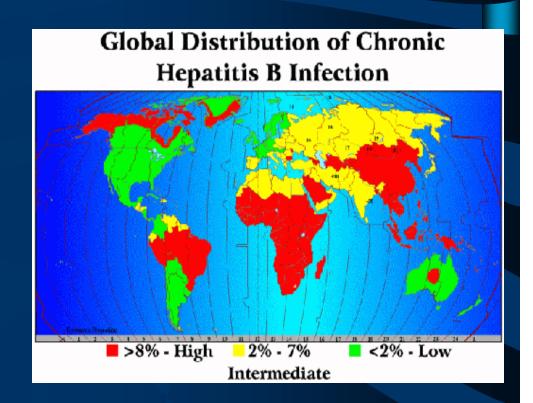
National Institutes of Health (2002)

# Global Crisis due to HBV Infection

- HBV causes both acute and chronic infection
  - 2 billion infected world-wide
  - ✓ About 350 million are chronically infected
  - 1 million deaths per year

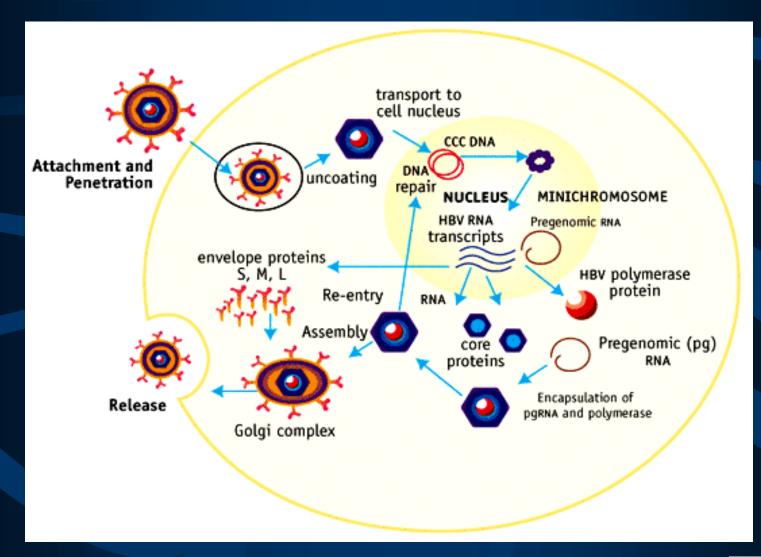
Transmision routes:

- Sexual intercourse
- ✓ Intravenous drug use
- Blood products



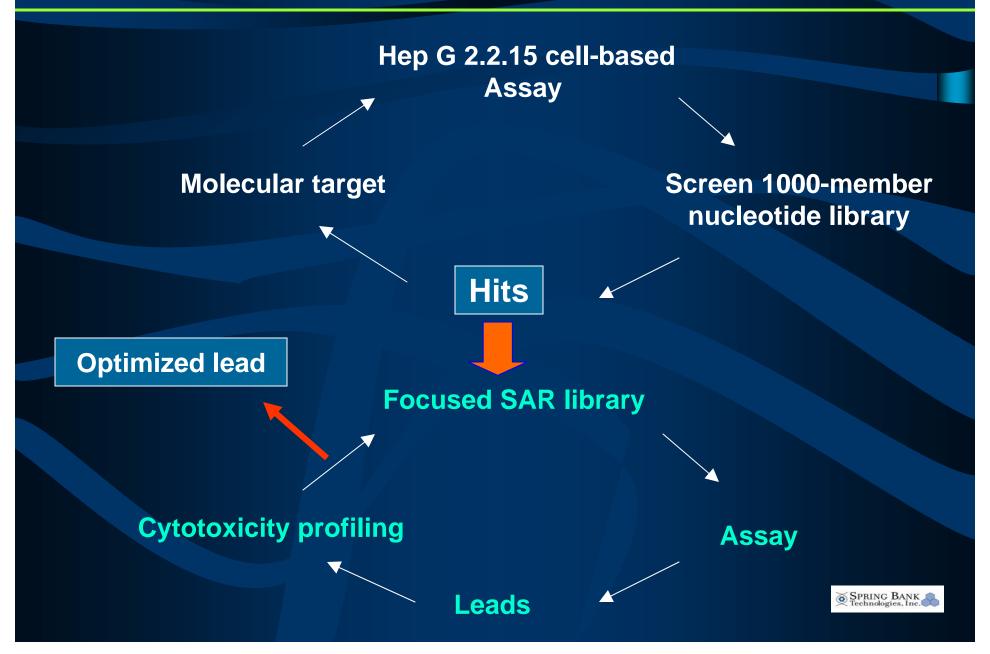


# **HBV Life Cycle**





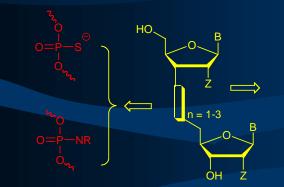
#### Phenotypic Approach to HBV Lead Discovery



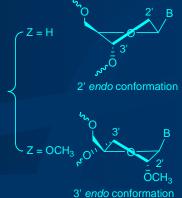
# The library of nucleotides

#### A library of di-, and tri-nucleotides

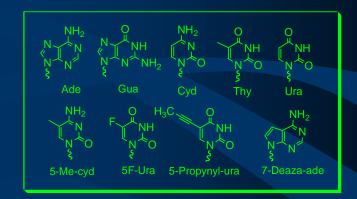
#### Linkage



#### Sugar conformation



#### Nucleobase



#### **Antiviral Screening**

#### **Actives**

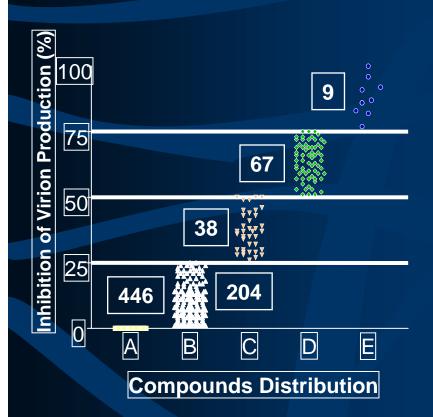


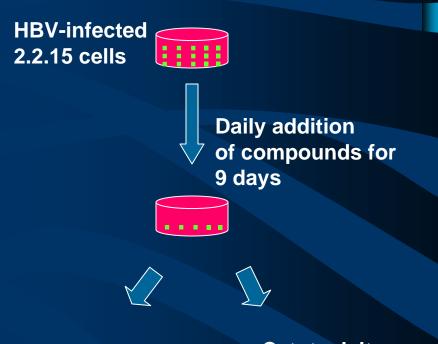
Lead



#### Lead discovery using cell-based antiviral assay

#### Distribution of actives





Quantitate HBV DNA Cytotoxicity
Southern blot analysis assay
(antiviral assay)

In collaboration with Dr. Brent Korba, Georgetown University



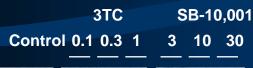
## Lead Discovery Highlights - HBV Program

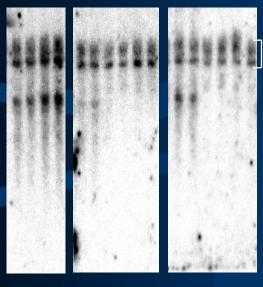
- ✓ Over 1400 compounds screened in assay
- ✓ Four potent compounds discovered following SAR.
- ✓ Novel Di-, and trinucleotide compounds
- ✓ High safety index ( $CC_{50}/EC_{50} > 1000$ )
- ✓ Potency , EC<sub>50</sub>, 0.3 micromolar, comparable to Adefovir

# SB 9000 - a Novel Anti-HBV Nucleotide



# SB 9000 analogs are intracellular inhibitors of HBV replication

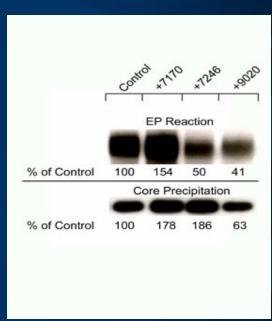




Integrated HBV DNA W VNQ NG NBH

Southern blot analysis of HBV DNA after 14 days treatment

In collaboration with Dr. Brent Korba, Georgetown University Di-, and tri-nucleotide compounds inhibit HBV Endogenous Polymerase



Huh 7 cells transfected with HBV DNA were treated with 10 uM of each compound for 72 h.

In collaboration with University of Texas,

San Antonio

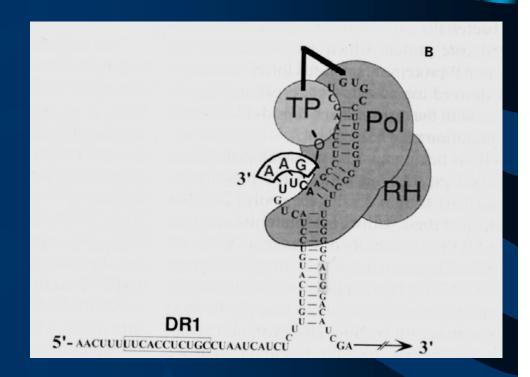
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#### Multiple mechanisms of action of SB 9000

Inhibits HBV DNA synthesis

Inhibits viral polymerase by a mechanism other than chain termination

Inhibition of priming step during viral nucleic acid synthesis





#### Anti-HBV profile of SB 9000

Combination with

SB 9000

Moderately synergistic

Additive to strong

antagonist

No synergistic cytotoxicity observed

# SB 9000 and analogs are potent inhibitors of resistant HBV mutants

HBV type	Compound EC <sub>90</sub>	
	3ТС	SB 9000
Wild type	0.6	9.0
M204 v	>100	9.8
M204i	>100	10
L180m	18	12

Cultures were treated for three days beginning 72 hours post-transfection, four replicates per concentration. S.D. not shown. Activity comparable to adefovir

In collaboration with Dr. Brent Korba, Georgetown University



#### SB 9000 is a selective antiviral agent

	SB 10001	SB 9000
	IC <sub>50</sub> (uM)	IC <sub>50</sub> (uM)
HBV	0.6 to 1.1	0.5 to 1.5
BVDV (NADL)	> 50	> 50
HCMV (AD169)	> 20	> 20
TICMV (AD103)	<i>&gt;</i> 20	720
YFV	> 50	> 50
HeA (NOE)	> 20	> 20
HSV (KOS)	> 20	> 20
HIV-1 (IIIb)	> 2	> 2

Collaborative study: Mark Wainberg (HIV), Brent Korba (HBV) and Viridae sciences (YFV)

# Efficacy Studies of SB 9000 in Animal Models of HBV



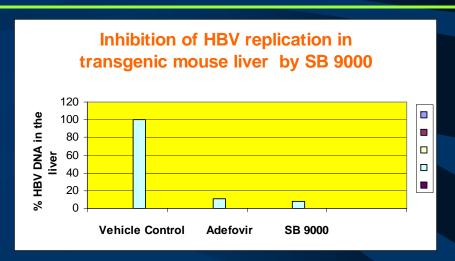
# Antiviral evaluation of SB 9000 in transgenic mouse model of HBV

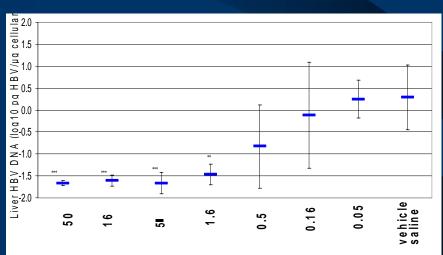
#### **Initial high-dose study**

- ◆14-day daily administration IP route
- ◆100 mg/Kg SB 9000, ADV 10 mg/Kg
- **★End point**: reduction in Liver HBV DNA on day 14 quantitative PCR and southern blot analysis

#### **Dose-response study**

- EC<sub>50</sub> of SB 9000 is <1 mg/Kg</li>
- More potent than adefovir

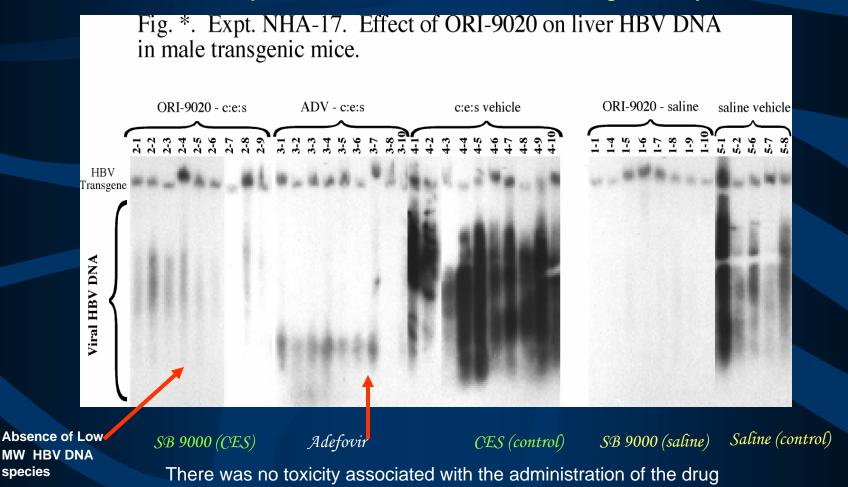






#### SB 9000 shows strong anti-HBV activity in transgenic Mice model of HBV infection

Southern blot analysis of liver HBV DNA following 14-day treatment



In collaboration with Dr. John Morrey, Utah State University

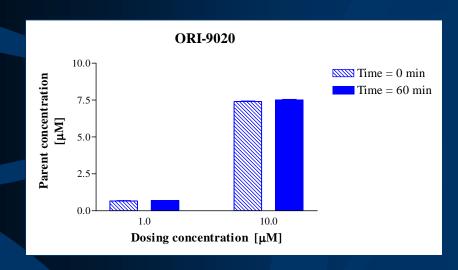
species



# **Drug Development**

# Pharmaceutical properties of SB 9000

 Metabolically stable in vitro and in vivo



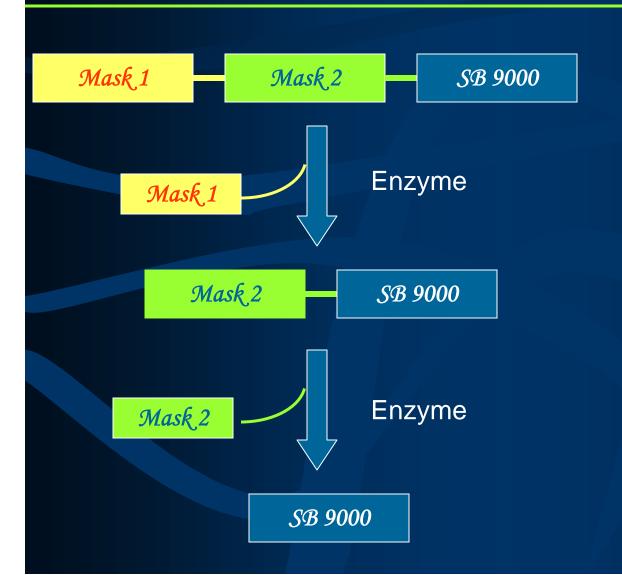
 Significant tissue disposition in liver

## Issues

- Not orally bioavailable
- Not stable in gastric fluid
- Not much known about nucleotide drug transporters in GI tract



# Tripartate prodrugs of SB 9000 for oral bioavailability



#### SB 9000 prodrugs

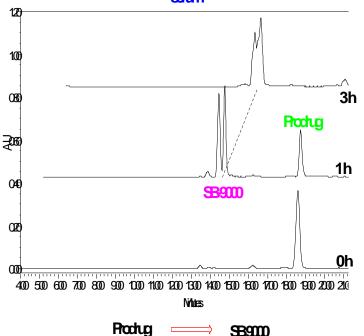
- Well-established drug regeneration pathway
- Stable in GI tract
- Properties suitable for Formulation
- High safety
- Orally bioavailable



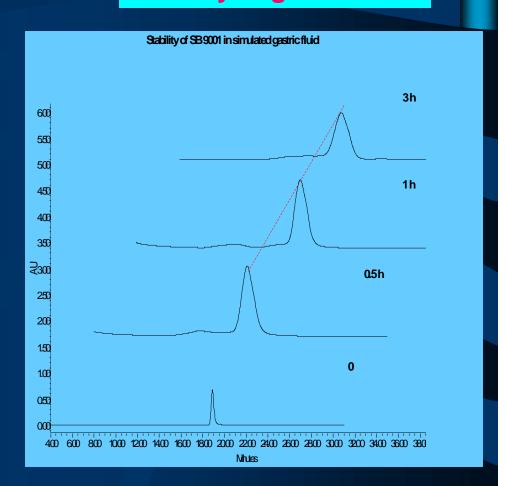
#### Characteristics of some SB 9000 prodrugs

#### **Serum conversion**

#### HLCprofiledepictingthekinetics of conversion of Produgto SB9000 inrabbit serum

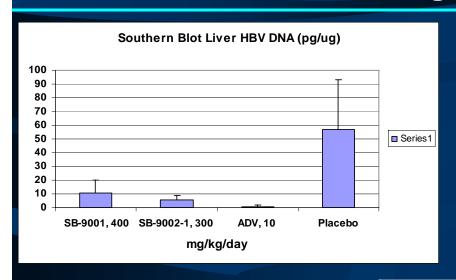


#### **Stability in gastric fluid**





# Antiviral and safety studies of oral SB 9000 prodrugs in transgenic mice





#### **Initial high-dose study**

Animals: male and female transgenic mice (founder 1.3.32)

Placebo: 0.05 M citric acid, pH 2.0

Adefovir 10 mg/kg/day positive control

Prodrug	QPCR Liver HBV DNA pg/microg	Southern blot Liver HBVDNApg/microg
SB 9001	24.3 ± 19	10.5 ± 9.3**
400 mg/Kg/day		
SB 9002-1	13.3 ± 12	5.7 ± 3.2**
300 mg/Kg/day		
Placebo	65 ± 79	57 ± 36

# Action Plan for development of SB 9000

IND-tox studies planned for 2007



IND 2008



Initiate clinical trials



# SB 9000 program summary

Potent, safe, selective "first in class" anti-HBV agent with novel mechanism of action

Synergistic with other antivirals and active against 3TC-resistant strains

An orally bioavailable prodrug has been developed that is an active anti-HBV agent in vivo

Nucleotide Discovery concept broadly applicable to other disease targets



## Acknowledgments

In vitro studies

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In vivo studies

Professor John Morrey, Utah State University

Dr.Bud Tennant, Cornell University

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